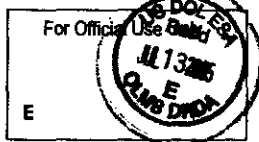


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>2877</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name James J McLaughlin  Box, Bldg., Rm. Street 292 Spruce Drive  City Anaheim  State California ZIP Code + 4 92805	4. Name, file number, and address of labor organization.  Name I.U.O.E. Local 501  Labor Organization File Number 012-442  Street 2405 West Third Street  City Los Angeles  State California ZIP Code + 4 90057
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James McLaughlin</u>	On <u>7/5/2005</u>	<u>(213) 385-1561</u>
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Central Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4115 Chesapeake Street, N.W.

City Washington

State District of Columbia ZIP Code +4 20016

## 9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4115 Chesapeake Street, N.W.

City Washington

State District of Columbia ZIP Code +4 20016

## 11.a. Nature of such dealing.

Trustee meetings. I am a Union Trustee for the Central Pension Fund for Operating Engineers and Participating Employers. We meet four times a year to conduct the business of this trust fund.

## 11.b. Approximate dollar value of such dealing.

\$4,350

## 12.a. Nature of interest held or income received.

3/22/04 Payment by credit card to Sheraton Bal Harbour, Florida \$80.00  
 4/27/04 Payment by check for expenses \$2,107.00  
 10/27/04 Payment by check to Broadmoor Hotel, Colorado Springs, Co. \$212.00  
 11/08/04 Payment by check \$1,951.00

## 12.b. Amount.

\$4,350

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.